

Case Number:	CM13-0022425		
Date Assigned:	03/19/2014	Date of Injury:	10/14/2011
Decision Date:	05/05/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 37-year-old male who reported an injury on 10/14/2011. The mechanism of injury was noted to be the patient was carrying a 40-pound box of meat when he injured his back. The documentation of 07/29/2013 revealed there was a request for surgery. The patient's diagnoses were noted to include lumbar disc degeneration and low back pain and possible lumbosacral radiculopathy. A request was made for a 3-day hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

3 DAY OF IN PATIENT STAY LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hospital Length of Stay

Decision rationale: Official Disability Guidelines recommend a 3-day stay for a lumbar fusion and a 1-day stay for a laminectomy or discectomy. There was a lack of documentation indicating the precise procedure that the inpatient stay was being requested for. There was a lack of

documentation indicating the surgical procedure was approved. Given the above and the lack of documentation, the request for 3 day of inpatient stay lumbar spine is not medically necessary.